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ABSTRACT

An early childhood educator at a 360-bed community general hospital implemented a licensed on-site child care program for children between 6 weeks and 10 years of age in order to improve employee recruitment and retention by assisting employees with appropriate child care arrangements. A parent questionnaire was used to assess the degree to which the availability of high quality child care influenced employees' ability to begin or return to employment, remain employed, and increase time available to work. Success of the practicum intervention was defined as demonstrated when a minimum of six new employees began work and six present employees remained employed, increased the number of hours worked, or changed shifts due to the availability of on-site child care services. Employees who returned to work after a leave were included in the evaluation sample. Data indicated that practicum objectives were met or exceeded in the areas of recruitment and retention. (RH)

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Facilitating Employee Recruitment and Retention Through On-Site Child Day Care

by

Kathy A. Lombardo

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DOC 2

# Facilitating Employee Recruitment and Retention Through On-Site Child Day Care

by

Kathy A. Lombardo

Cluster 28

A Practicum I Report presented to the
Ed.D. Program in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

PRACTICUM APPROVAL SHEET

This practicum took place as described.

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11/25/88
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This practicum report was submitted by Kathy A. Lombardo under the direction of the advisor listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

Dec. 27, 1988
Date of Final Approval of Report

Wanda M. Slayton
Wanda M. Slayton, Ph.D.,
Advisor

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## Abstract

Facilitating Employee Recruitment and Retention Through On-Site Child Day Care. Lombardo, Kathy A., 1988: Practicum Report, Nova University, Ed.D. Program in Early and Middle Childhood. Descriptors: Day Care/ Early Childhood Education/ Employee Benefits

The difficulty of a Hospital in recruiting and retaining employees was the problem addressed in this practicum. The primary goal was to improve employee recruitment and/or retention by assisting employees with appropriate child care arrangements.

The writer instituted a licensed on-site child care program for children ages 6 weeks to 10 years of age. A parent questionnaire was used to assess the degree to which the availability of quality child care influenced the employees' ability to: begin or return to employment; remain employed; and/or increase the time available to work.

The results of the practicum were positive. The objectives were met or exceeded in each of the designated areas of recruitment or retention factors.

# Chapter I

## Introduction

The setting is a 360-bed community general Hospital. The Hospital is located in a small town on the coastline of a northern State. Although small in both geographic size and in population, this city is, nevertheless, the county seat. The Hospital services the health needs of patients throughout the county (21 cities or towns) and the nearby vicinity.

The county is a geographically and socio-economically diverse region, with several distinct parts. These include the urban communities of two anchor "cities" with their variety of people and problems; the attractive and relatively affluent communities up and down the coast; the many, predominantly middle-class suburban communities surrounding and between the two anchor cities; and the attractive but rural areas in the northern part of the county (InterMatrix Group 1987).

A recent survey conducted to determine needs in the area reveals that child care is a "growing crisis" which affects a substantial number of working parents in the county (InterMatrix Group 1987). There is a serious and

increasing shortage of affordable, accessible, quality child care, especially for low-and-middle income parents. The situation is particularly acute for working parents and sick children. Very few child care centers will accept infants or sick children, and only a few provide child care before and after school for school-age children. Existing child care facilities typically have long waiting lists.

There is also a perception that many existing child care programs have poor quality control, in part because the wages are low and the turnover is high. A related part of the child care crisis is the apparent lack of good babysitters, or licensed home care providers. While there are many such people, many more are needed.

Although many employers are looking carefully at the child care issue, very few provide significant help - especially the provision of on-site child care - to their employees. The general lack of affordable child care may restrict the ability of many people to work, and may compromise the quality of work done by many working parents because of their concern for their children.

The Hospital in which the author is employed had determined to assist in answering the needs of its parent-employees regarding child care for employees' children.

It was the author's responsibility to establish such a program.

## Chapter II

## Study of the Problem

### Problem description

The Hospital was experiencing difficulties in the areas of recruitment and retention of staff in a variety of departments. Many applicants were unable to begin employment because of an inability to obtain appropriate child care arrangements. Many current employees reported difficulties related to replacing a caregiver who resigns due to reassignment (relocation), or for other reasons. Infant/toddler care was difficult to obtain (no licensed child care centers in this city accepted children under three years old), making it difficult for mothers wishing to resume employment following maternity leave. Very few centers provided before and after school care, and licensed home care providers reported a need for full-time employment to meet their expenses. Therefore, there was inadequate care available in the area for school-age children.

Problem documentation

Nursing was an area that felt the results of the lack of child care extensively. The Director of Float Pool Nurses (per-diem employees) reported that nurses were frequently unable to report when called because child care was unavailable. The Nurse Recruiter had openings in at least eight departments; openings existed on all shifts. Approximately 1 1/2-two dozen nurses were postponing employment or were on a leave of absence because of lack of child care.

As part of the Union negotiations during the 1986 bargaining sessions, the Hospital agreed to provide assistance in meeting child care needs.

Evidence of the problem was seen keenly in efforts to recruit new staff in the Hospital. Currently, over three hundred job descriptions exist in the Hospital. So, while there is an acute need for Nurses (as there is throughout the State), recruitment is down in other areas as well. According to the Director of Human Resources (Personnel), during the past two years every department has had instances of difficulty filling a position because of an individual's inability to obtain child care, or absence of employees because of failure in the child care arrangement.

Directors of other services, such as X-Ray, Occupational Therapy, and Microbiology reported trouble finding applicants and up to six to nine months of active recruiting to fill vacant positions. Clerical workers in many departments, the Dietary Department, Laundry, Engineering, Housekeeping, and Pharmacy all reported difficulties relating to child care. The difficulties included inability to find child care, or a breakdown in arrangements already in use.

In an effort to determine the need for child care among the Hospital employees, two surveys were conducted in December, 1985. One survey was distributed to Hospital employees by the Social Services Department. The other survey was given to employees who were Union members by the Local AFL-CIO.

Eighty-six Hospital employees returned the child day care questionnaire distributed by Social Services. Results were compiled and presented to Administration in June, 1986. Forty-two Union members (Nurses) completed the survey that had been distributed by the Local. The information was used during contract negotiations in June, 1986.

Results of the Hospital questionnaire included:

44 would use child care beginning between 6:30 and 9:00 a.m.

50 would use child care until 6:00 p.m. or earlier.

1 would use child care until 6:30 p.m.

16 indicated a need for before or after school care for school-age children.

77 presently use child day care.

77 indicated a need for child day care in the future.

67 would send a child to a quality child care center in this city; 5 would not; 10 indicated "maybe"; 1 did not answer.

49 indicated having had difficulty obtaining child day care.

Results of the Union questionnaire included:

16 would use child care during the first shift (hrs. not specified).

7 would use child care during the second shift (hrs. not specified).

1 would use child care during the third shift (hrs. not specified).

7 indicated a need for before or after school care for

school-age children.

41 presently use child care.

36 indicated a need for child care in the future.

24 would send a child to a quality child care center in this city; 2 would not; 16 did not answer this question.

The question regarding difficulty obtaining child care did not appear on the Union questionnaire.

The lack of adequate child care provisions in this geographic area had recently been documented by many sources. A report by the local Resource and Referral agency, dated March 23, 1988, shows for the period Jan. 1987 - Feb. 1988:

Number of Requests for Child Care

| County | Infant | Toddler | Preschool | School-age |
|---|---|---|---|---|
| (21 Towns) | 1,075 | 1,300 | 850 | 480 |
| This city | 195 | 220 | 120 | 65 |

To compare the number of requests with the potential number of licensed spaces for child care, the author looked at records from the State agency licensing group day care centers and the State agency licensing family day care homes.

Records from the State agency licensing group day care show that, as of Jan. 1, 1987, the following numbers of licensed day care centers were in operation:

| | Total # | Infant | Toddler | Preschool | School-age |
|---|---|---|---|---|---|
| County | 68 | 2 | 4 | 66 | 8 |
| This city | 11 | 0 | 1 | 11 | 2 |

According to Day Care Licensing Regulations, these centers provided the following numbers of slots:

| | |
|---|---|
| County | 1,440 |
| This city | 126 |

Questions posed by the author to directors of licensed child care centers, to several licensed home care providers, and to the Referral agency for licensed homes revealed that on June 20, 1987, existing child care facilities in the vicinity of the Hospital typically had long waiting lists. Care for children under age 2 was virtually impossible to obtain in any licensed site throughout the summer of 1987.

A telephone survey was conducted by an independent professional telephone research firm in 1987. Three

hundred eighty-nine telephone interviews were conducted with a representative sample of residents in the 21 towns of the county. (InterMatrix Group) The results, as reported in Dec., 1987, showed that, out of twenty-nine areas of potential problems or needs, child care was ranked ninth in the county. Out of the same twenty-nine areas, child care was ranked fifth in this city. This city represents 11.5% of the total county population, and twenty-seven respondents out of the total 389.

During the period July 1, 1987 - Feb. 29, 1988, the following requests were received from Hospital employees in the Hospital Office of Child Care Services: Seventy-six employees requested child care for 105 children:

| Infant | Toddler | Preschool | School-age |
|---|---|---|---|
| 41 | 22 | 27 | 15 |

Causative analysis

The lack of available child care has been demonstrated in the previous section. In this city, the one child care center that is licensed for toddlers exclusively serves unwed mothers who are high school

students attending classes. Therefore, the availability of licensed infant/toddler center care to employees in this city was nil. Licensed child care centers (3) in the county that accept children under three years old provide a total of 44 infant/toddler spaces in the county. Each of the three centers providing this service reported waiting lists of up to two years. They regarded the waiting lists as virtually meaningless, since often by the time an opening occurs, the child on the list has grown into preschool age!

Licensed home care providers in this State are restricted to two children under 2 years old (including their own) at any one time. The number of licensed slots either in centers or homes is inadequate to meet the needs of working parents of infants and toddlers.

The other age group most severely affected by the lack of available child care is the school-age child. In the county, eight centers provided school-age care, while only two in this city offered this service. Due to the limited number of programs, no openings were available. Home care providers carry the majority of the burden for licensed care of school-age children. Many home care providers reported difficulty offering this service. Their need is for sufficient income to support themselves

and their families, or to significantly contribute to their family income. Full-time enrollment provides much better income than before/after school care.

The use of available child care services is often limited due to inaccessibility. Many programs, including licensed home providers, are located inconveniently in relation to employees' homes and the routes travelled to and from work. Transportation to out-of-town or out-of-district school-age child care programs is not available in most cases. Two of the school-age programs in the county have vans to transport the children in before/after school care. However, they restrict their transportation to schools located in the same town in which the child care center is also located. In this town, the public school buses will transport children to and from child care services located on their already-existing bus routes. No transportation is available to children or programs out-of-town.

Many of the existing programs are inconvenient to Hospital employees. Most do not offer services early enough in the morning to allow employees to arrive for first shift. Many providers accomodate only full-time enrollees. Part-time employees must pay for full-time enrollment (which many cannot afford to do) or be without

child care. Per-diem and on-call employees are virtuallyunable to use other licensed child care services.

The licensed child care centers which service infants, toddlers and/or school-age children did not have openings. Parents who turn to licensed family homes are often caught without care when the arrangements fail. Arrangements can sometimes fail because a given provider proves unreliable. Even the most reliable of caregivers becomes ill or has a family member who becomes ill, precluding child care without advance notice to the parent. Caregivers do take vacations: another period during which his/her services are not available. In this geographic location, a licensed caregiver often moves away without ample advance notice, due to having a spouse in the U.S. Navy. All of these circumstances result in the employee missing work to take time to make other child care arrangements.

Relationship of the problem to the literature

Studies reveal that parents have a difficult time finding adequate care (Galinsky, E., Hughes, D., and Shinn, M., 1985). They often have to put together a package of arrangements: different care for each child in the family. Arrangements may vary daily, weekly, or

seasonally. Studies also show that the more arrangements parents make, the greater probability that the arrangements will break down (Galinsky et al., 1986).

Both men and women feel the stress of work and family responsibilities. A national study found the same proportion of men as women (one-third) reported conflictto a high degree between their family life and the demands of their work (Pleck, J.H., 1986). A study by Portland State University of 8,121 employees in Portland, Oregon found that 28 percent of men employees and 47 percent of women employees with children under age 12 reported stress due to their child care arrangements. This was not related to the ages of their children, nor to their level of income (Emlen, A.C. and Koren, P.E., 1984). A study of 5,000 workers at five corporations found that 33 percent of the men and 58 percent of the women workers who had young children felt that their child care concerns affected their time at work in unproductive ways (Vartuli, S. 1986).

The number of women in the workforce is increasing, resulting in a dramatic increase in the number of working mothers. In 1986, 60 percent of mothers whose youngest child was 3 - 5 years old were employed. This percentage is increased from 45 percent a decade earlier. The percentage of mothers with children under three increased

from 35 percent in 1976 to 51 percent in 1986 in 1986, representing the most dramatic increase in the labor force (Galinsky, E. and Hughes, D., in press).

By 1990, 66 percent of all new entrants into the workforce will be women. As of 1984, 70 percent of allwomen in the labor force were of childbearing age. Of these, 80 percent are expected to become pregnant sometime during their work careers. By 1990, 64 percent of all families with children under 18 will have mothers in the labor force (U.S. Bureau of the Census, 1984). Women work for a variety of compelling reasons. In many two-parent families, women work out of economic need (Galinsky, E., 1986). The economic need to work is critical for single parents. By 1990, there will be three million children under age ten in single-parent families, a 48 percent increase in this decade (U.S. Bureau of the Census, 1984). Generally speaking, single parents have fewer socially and financially supportive resources to rely on.

Child care is a public utility used by all income levels. The 60 percent of employed mothers with young children are from all income groups. They all must rely on some form of child care. The U.S. will experience an increase in the number of children. The preschool population rose by 8.2 percent - from 19.6 million to 21.2

million in the first half of the 1980's, after a decade of declining birth rates. By 1990, the number of children under the age of 6 is projected to increase by 17.2 percent in one decade - 23 million preschoolers.

There is presently a big gap between the supply and demand for child care. Unless successful measures are undertaken to remedy this, the situation will worsen in light of the increase in population. In a recent study, 57 percent of the men and 75 percent of the women surveyed found it difficult to obtain child care (Pleck, J.H., 1986). Local child care resource and referral agencies report that there are long waiting lists for many child care programs. Parents have great difficulty obtaining care for their infants, toddlers, and school-age children (Pintauro, 1988).

Child care affects the economy and future stability of the nation. Studies have shown that parents who are unable to make adequate child care arrangements describe themselves as less productive at work (Vartuli, S., 1986). The cost of providing quality child care programs for young children will be less than the cost of correcting future problems caused by the lack of such programs. A 20-year study found that low-income children placed in a high-quality preschool program were less

likely to drop out of school, to need remedial education, or to experience delinquency problems in their teens (Berrueta-Clement, J.R., Schweinhart, L.J., Barnett, W.S., Epstein, A.S., and Weikart, D.P., 1984).

To meet the needs of their own employees, the business community must also focus on broader social issues, namely the overall quality of the child care system (Galinsky, E., 1986). Greater understanding about the relationship between child care and the business community is needed.

## Chapter III:

## Anticipated Outcomes and Evaluation Instruments

The goals of the practicum were to alleviate recruitment and retention problems in staffing the Hospital. The specific area regarding recruitment and retention to be dealt with was a solution to the lack of child care for employees' (and potential employees') children.

The results at the end of implementation of a successful solution were increased recruitment and retention of Hospital staff. The condition that contributed to this increase was the availablility of quality, accessible and reliable child care for the employees' children. Success was demonstrated when a minimum of six new employees began work and six present employees remained employed and/or increased the number of hours worked, or changed shifts DUE TO THE AVAILABILITY OF SAID CHILD CARE. Employees returning to work following a leave were included.

The assessment instrument that measured the success of the solution and achievement of the goal was a written questionnaire developed by the author. (Appendix A) The

assessment tool included information regarding the length of employment and the degree to which the availability of child care influenced the decision to become or to remain employed and/or to return to work, to increase the number of hours worked, or a change in shifts. The number of days and/or hours worked prior to and following the availability of child care was included. The number and age of children was included. Parental opinions regarding accessibility, reliability, and satisfaction with the quality of the program were gleaned. The questionnaire was distributed at the end of three months of implementation.

Results of the questionnaire were tabulated numerically. Actual numbers, or percentages, of responses are reported in tables. Opinions gleaned were weighted on a scale (ie: 1 - 5, etc.).

## Chapter IV

## Solution Strategy

During the past decade, employers have developed several creative child care initiatives to help meet the needs of their own employees. Included in these strategies are a variety of payment assistance programs such as flexible benefits, vouchers, and discounts. Some corporations or consortia of corporations provide information and referral services to their employees. Some have programs to care for sick children or children after school. In addition, some employers have initiated, funded, and/or managed on-site or near-site child care centers. Others assist in the training of and/or contract with licensed family home care providers. .

Flexible benefit plans, known as "cafeteria plans", are particularly popular with large employers. Under this type of plan, an employee may choose employer-subsidized child care instead of other possible fringe benefits. Many cafeteria plans allow the employee to select a specific amount of child care benefits according to limits set by the employer (The Bureau of National Affairs, Inc., 1984). If child care costs less than the maximum the

employer has agreed to pay, the unspent funds revert to the employer. The employee must pay the difference if the child care costs exceed the specified amount.

Companies like the cafeteria plans because they allowemployers to offer a variety of benefits, from which employees select those benefits meeting their individual needs. Thus, cafeteria plans may reduce the overall cost of providing benefits. Cafeteria plans assist parents in meeting the costs of child care expenses, thus addressing an issue of affordability. They do not address the issues of quality of care or programs, reliability, accessibility, or availability.

Firms may support existing child care centers in the community with money, in-kind assistance, or space. In return, employees are given priority access to child care. In some cases, employers have provided guarantees or subsidies to encourage existing centers to expand operating hours to meet special needs.

By participating in such programs, firms may influence availability by encouraging expansion of hours of service, and obtaining priority access to services for their employees. By virtue of their subsidies or in-kind assistance, they may also be assisting indirectly in the cost issue. They would have no direct control over

quality of care or program. However, the assumption might be made that a firm would withdraw its support from a center whose quality it did not endorse. If the assumption is that these centers are located in the same community as the worksite, then the factor of inaccessibility is minimized. Centers, as opposed to individuals, generally remain open during their posted hours of service, thus providing reliability. The issue of actual availability remains the one over which the corporation has the least control. The support of existing off-site centers can only be a solution to the child care problem if, in fact, such centers exist in the community with slots available. Many existing child care centers have considerable waiting lists.

Partly because of its relatively low cost, the information and referral service has become one of the more popular forms of employer support for child care. Information and referral service may involve contracting with an agency to provide the services to employees. These services vary widely and may range from simple provision of a list of available centers to lengthy interviews resulting in recommendations of specific child care arrangements that would meet the needs of parent and child (The Bureau of National Affairs, Inc., 1984).

Another form of information and referral service involves sponsorship of family home care networks. Because of concern about quality, control and liability, few employers support individual family home care providers. Family home care networks provide training and licensing assistance as well as monitoring and supervision. Local information and referral services may sponsor training and monitoring as a means toward expanding child care availability. An example of one such program is the California Child Care Initiative, supported by a coalition of fourteen corporations and seven government agencies (National Foreman's Institute 1988).

In the first example of how information and referral operates the issues that remain unaddressed are: control of quality of care and program; availability (can only be referred to providers who exist in the community); reliability (a big factor in family home care arrangements); and accessibility.

The second model addresses the issue of quality and control by providing training and monitoring. It seeks to improve availability by increasing the number of trained, licensed home care providers, thus increasing the number of slots. By increasing the number of licensed providers, accessibility is affected. More providers are likely to

expand throughout a territory, thus increasing the possibility of being conveniently located.

In this State, the number of staff employed to monitor licensed family home providers is woefully inadequate. Fewer than 20 percent of existing providers are inspected each year (Department of Human Resources), resulting in very little control over quality. Employers are extremely reluctant to become involved in referral - the potential for the perception of "referral" as "recommendation" and its resulting liability factor, is too strong.

Growing numbers of employers are allowing workers to take sick leave to care for sick children. According to the 1983 BNA Personnel Policies Forum report (The Bureau of National Affairs), nearly two fifths of employers surveyed allowed sick leave to be issued for care of a sick child. The benefit is provided to 32 percent of firms with fewer than 1,000 employees and in 43 percent of larger firms. This Hospital's policy is three days of paid sick leave to care for sick members of the employee's immediate family (child, spouse, or parent).

Job-sharing and part-time or flexible hours have been implemented, sometimes with the intent of providing means of easing child care burdens. This Hospital employs

numerous part-time employees, and provides full benefits to those working 20 hours a week or more. Flexible hours include shifts of 10 or 12 hours duration, instead of the usual 8 hour shifts.

At Minnesota Mining and Manufacturing Co. (3M), a summer program for employees' school-age children is part of its child care assistance program. 3M does not provide on-site care or subsidize child care costs. Parents may drop their children off at a park near the 3M Center. A bus picks them up and takes them to the St. Paul Science Museum for classes taught by 3M technical employees. In the afternoon, children spend time at the St. Paul YMCA and are then taken back to the park for parent pick-up. Parents pay the full cost of the program, with 3M coordinating the activities. (Dilks, 1984)

Such a program may meet the need for which it was established. It serves only school-age children. 3M has other child care assistance strategies geared toward the younger age groups. Not every child could tolerate a daily dose of science museum instruction throughout the summer. The report did not include information regarding the salaries 3M technical employees received while instructing children, or who provides supervision while children are at the YMCA.

On-site care - a child care center on the employer's premisies, operated either by the employer or by a contractor - is what mention of employer-supported child care often brings to mind. Employers see several advantages in on-site care, including a strong sense of control. They can control the quality of the care and the program, the hours of operation, the subsidy, etc. (The Bureau of National Affairs, Inc.)

On-site child care is one of the more expensive alternatives available to employers. In a 1982 survey of 204 employer-supported centers conducted by Renee Y. Magid, Professor of Education at Beaver College in Glenside, Pa., start-up costs ranged as high as $999,000.00, and average annual operating costs were $2,400.00 per child. Total operating budgets for on-site centers ranged up to $445,000.00 per year. (Allow for increase in these figures to the present date, 1988, six years after the Magid study).

Of the 204 programs surveyed by Magid, 141 involved on-site care. Almost all of these provided meals to children, with lunch and a snack the most frequently provided meals. Forty percent offered medical services for children enrolled, 19 percent offered professional counseling services, and dental services to children enrolled were provided by seven percent. Less than one in

five offered transportation. Forty-one percent of the corporate facilities offered a room for nursing mothers. Over half of the on-site centers sponsored parent discussion groups. (Bureau of National Affairs)

Employers often object to on-site centers. Facilities built for the employees they have today may represent a bad investment when their labor force changes. In general, employers harbor misgivings about the cost of child care, and seek approaches to provide assistance at minimal expense.

When there is a specialized labor force or a unique population, few or no community resources, or strange shifts where private facilities do not provide coverage, on-site care makes sense. In the hospital industry, where shortages of nurses and other skilled personnel are chronic, on-site child care has been embraced as an attraction in employee recruitment and retention. (Reece, C., 1982)

This Hospital, after exploring the many alternatives, has opted to address the child care issue by providing on-site services for children of its employees.

It is believed that on-site care is best-suited to the staffing needs of the Hospital. The issue of accessibility is solved by locating the center on the

campus of the workplace.

The Hospital has control over the hours of operation, and can thus regulate availability of care during the times it is needed by employees. By allowing only children of Hospital employees to enroll in its center, the Hospital can alleviate some of the availability problems encountered in community programs which have long waiting lists. It can also provide quality licensed care for infants, toddlers, and school-age children which is not available in other centers in this city. Holiday care, second-shift care, and weekend care could be offered if there were a demonstrated need for services at these times.

The Hospital has control of the quality of the care and the program provided. By designing and constructing its own space, and selecting the quipment, the Hospital is assured of an attractive, safe environment for its employees' children. At the same time, it maintains control of its financial investment.

By establishing requirements of educational levels and prior experience as conditions for employment, and by offering salaries and benefits commeasurate with qualifications, the Hospital center provides a professional, highly qualified staff. By utilizing its

resources - both the environment and the personnel - the Hospital center can assure provision of a quality, developmentally appropriate program, and care that fosters the social, emotional, physical, and cognitive growth of its children.

By providing child care that is readily accessible to its employees, and available ONLY to its employees, and able to assure its employees of high quality care, on-site care solves many of the employees' problems. The popularity of on-site child care among hospital employees had been proven by the nine other hospital affiliated child care programs already operating in the State, as well as the 200-plus throughout the country. Quality care that is available and readily accessible to the Hospital employees contributes to improvement in the areas of recruitment and retention. By providing on-site care, parents are given an option in solving their child care needs.

Steps toward affecting a solution:

Necessary approvals (permission) obtained from:

Hospital Administration

Town Planning and Zoning Commission

Local Fire Marshal

Local Building Inspector: Building Permit

Certificate of Occupancy

Local Health Inspector

State Health Inspector, Maternal/Child Health Unit

State Department of Education, Early Childhood Education

Receipt of all the above approvals resulted in obtaining a License to Operate a Child Day Care Center.

| | |
|---|---|
| Completion of construction | May 1988 |
| Evaluation of and selection of equipment | |
| Delivery of and installation of equipment | May 1988 |
| Establishment of child care center policies | |
| Enrollment | on-going |
| Development of job descriptions | |
| Establishment of personnel policies | |
| Interview and hire staff | on going as enrollment requires |
| Staff orientation | April 22 - May 4, 1988 |
| Staff Development | on-going |
| Report progress to Hospital Administration | on-going |
| Opening of child care center | May 9, 1988 |

After the child care center had been in operation for three months (approximately August 9, 1988) the

questionnaire designed to evaluate how well it had met the goals was distributed. After approximately one month the results were tabulated.

# Chapter V

## Results, Conclusions and Recommendations

### Results and Conclusions

Sixty-one questionnaires were distributed to each family whose children were in attendance in the Child Care Center as of August 9, 1988. It has been originally assumed that questionnaires would be returned within a week's time. However, by the week following their distribution, very few questionnaires had actually been returned. Subsequently signs were posted in the Center and parents were verbally reminded at parent meetings to please return the questionnaires. A computer is used in the Center for attendance records; parents program in the child's arrival and departure times. A reminder to return the questionnaire was printed on the computer screen (Appendix B). In many cases, second questionnaires were given to parents who had misplaced their originals. Ultimately, the final return date for Assessment Questionnaires was extended to August 31, 1988.

As of August 31, 1988, thirty-four Assessment Questionnaires had been returned to the Center. This

represents a return of 51% of the total of sixty-one questionnaires that had been distributed.

The results at the end of implementation of a successful solution were to be increased recruitment and retention of Hospital staff. Success would be demonstrated when a minimum of six new employees began work and six present employees remained employed and/or increased the number of hours worked, or changed shifts DUE TO THE AVAILABILITY OF CHILD CARE. Employees returning to work following a leave were included.

Two items on the Assessment Questionnaire pertained to new employees: "Date Hospital Employee began work in Hospital" and "To what extent did our child care center influence your decision to (circle one): begin employment; return to employment; remain employed at the Hospital?" (Scale: 5 = Very Strongly 4 = Strongly 3 = Average 2 = Somewhat 1 = Not at all) There were seven employees whose date of employment or return from leave corresponded to or was later than the opening of the child care center. Of these, four indicated that the child care center STRONGLY (4) influenced their decision to either begin or return to employment. Two indicated that the child care center VERY STRONGLY influenced their decision. One employee actually had returned to work from

maternity leave prior to the opening date of the center. She indicated that the child care center VERY STRONGLY (5) influenced her decision to return to employment, as well. The actual number of new employees or those returning from leave was seven. Thus, there were at least six new employees beginning work or returning to work from leave due to the availability of child care, which was one of the conditions demonstrating successful implementation.

The same two items that pertained to new employees also pertained to long term employees. Eight employees who worked for the Hospital prior to the opening of the center indicated that the child care center VERY STRONGLY (5) influenced their decision to remain employed. Four such employees indicated that the child care center STRONGLY (4) influenced their decision to remain employed. Again, successful implementation is demonstrated, since a minimum of six present employees remained employed due to the availabity of child care. The actual number of long term employees indicating that child care availability influenced their decision to remain employed was twelve.

To the question "To what extent did our child care center influence your decision to (circle one): begin employment, return to employment; remain employed at the

Hospital?" one respondent answered AVERAGE (3); four respondents answered NOT AT ALL (1), and four answered NO CHANGE. Six respondents did not answer this question. (Total = 34)

FIGURE 1. TOTAL PARTICIPANTS (34)

"To what extent did our child care center influence your decision to (circle one): begin employment; return to employment; remain employed at the Hospital?"

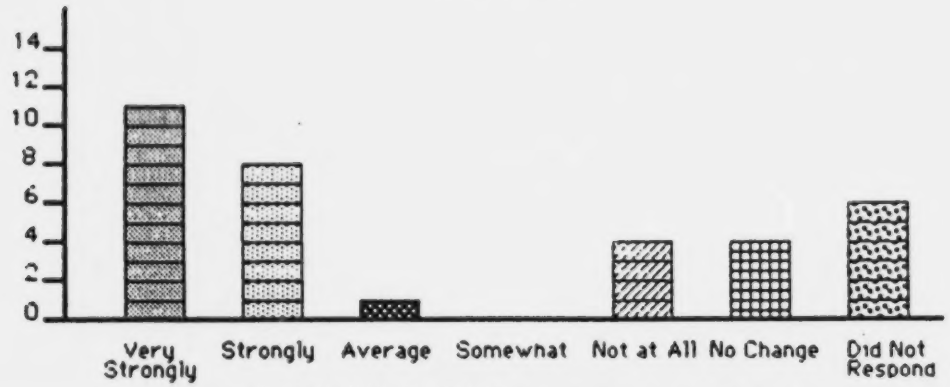



FIGURE 2: NEW EMPLOYEES OR RETURNING FROM LEAVE (7)

"To what extent did our child care center influence your decision to (circle one): begin employment; return to employment; remain employed at the Hospital?"

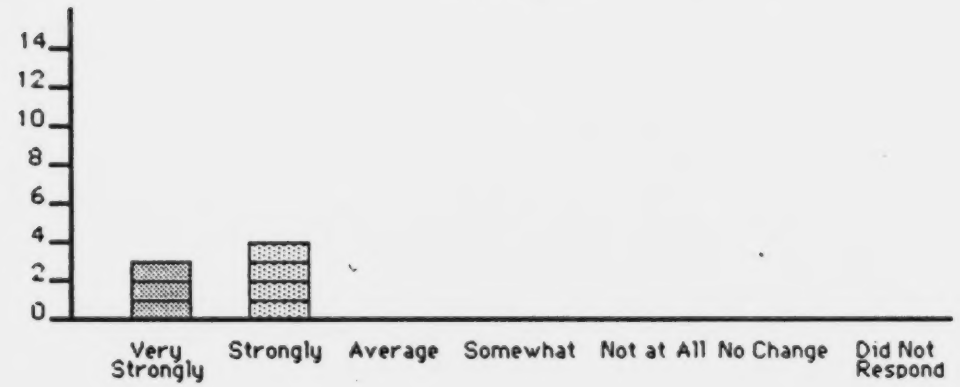
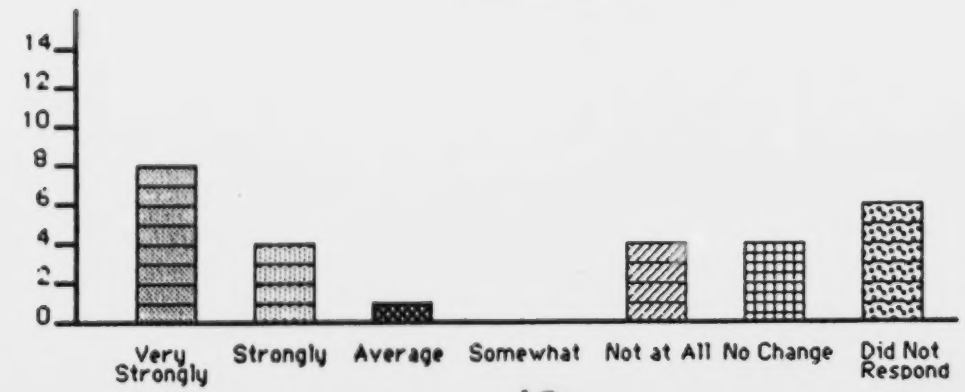



FIGURE 3. LONG TERM EMPLOYEES (27)

"To what extent did our child care center influence your decision to (circle one): begin employment; return to employment; remain employed at the Hospital?"



The section of the questionnaire regarding changes in shift, number of days or number of hours per week available to work, or change in employment status due to the child care center pertained to long term employees and to those returning from leave. Ten employees indicated an increase in availability for employment that was strongly (2) or very strongly (8) based on the availability of the child care center. These results are shown on the Table which follows in Figure 4.

| Type of Change | Degree of Influence | Number of Employees |
|---|---|---|
| Increase # of days per week (number varies) | Very Strongly | 1 |
| Increase # of days per week from 2 1/2 to 3 1/2 | Strongly | 1 |
| Increase # of days per week from 2 to 3 | Very Strongly | 1 |
| Increase # of days per week to 3 | Very Strongly | 1 |
| Increase # of days per week from 4 to 5 | Very Strongly | 1 |
| Increase # of days per week from 1 to 5 | Very Strongly | 1 |
| Change in hrs. (increase) from 9:00-2:30 to 7:00-3:30 | Very Strongly | 1 |
| Change from part-time to to full-time employment | Very Strongly | 1 |
| Change in shift from evenings to nights | Very Strongly | 1 |
| Change in shift from first to second and third (rotating) | Strongly | 1 |

FIGURE 4 CHANGE IN AVAILABILILTY OF EMPLOYEE DUE TO CHILD CARE

Since success was defined as "demonstrated when a minimum of six new employees began work and six present employees remained employed and/or increased the number of hours worked, or changed shifts "DUE TO THE AVAILABILITY OF CHILD CARE," the ten employees who increased availability for employment contribute to the demonstration of success of implementation.

## Recommendations

The availability of child care spaces when needed is dramatically affected by the extreme variability in the schedules of Nursing employees. The need for availability is particularly acute in the infant and toddler age groups.

To alleviate a potential lack of availability, it is recommended that coordination of Nursing and Child Care Center scheduling be investigated.

Further research into possible ways of increasing the actual number of infant/toddler slots is also recommended.

Child care is rapidly becoming an issue among many employers. Cooperation among employers, perhaps in the form of consortium, to seek and provide options in employer-supported child care is recommended strongly.

Dissemination

Results are recommendations based on the practicum process were the basis for a symposium held by the Hospital for area corporations. The symposium, title: Employer Supported Child Care: "How to open a Child Care Center" was held on November 5, 1988.

This writer also consults with area employers and general hospitals on start up issues involved in on-site child care.

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To the Parents:

Our Child Care Center has now been in operation for three months. We are evaluating our program in light of our goals. The response of <u>every</u> family is needed to help us measure our performance to date, and to determine the need for additional services. Please complete this questionnaire and return it to the Child Care Center.

Thank you.

---

Number of Children in Center:____ Children's ages:_____ _____ _____
Yr/Mo Yr/Mo Yr/Mo

Date Child began to attend the Center:_____ _____ _____
1st Child 2nd Child 3rd Child

Please CIRCLE your response to the following:

Child(ren) attend(s) child care: Full-time Part-time ½Day Per Diem

Parent(Hospital Employee) works: Full-time Part-time Per Diem

Hospital Employee is: Mother of child; Father of child; Foster Parent; Legal Guardian (NOT parent); Both parents Hospital employees

Date Hospital Employee began work in Hospital: _____ _____
Mother Father

Date Hospital Employee returned from Leave: _____ _____
Mother Father

---

Please ✓ as many of the following as apply to you <u>since the opening of the Child Care Center</u>:

____ Change in shift from_____ to _____

____ Increase # of days per week available to work from___to___days

____ Decrease # of days or hrs. per week worked from___to___days or hrs

Changed from Per Diem employment to (circle): Part-time Full-time

____ Changed from Part-time employment to Full-time employment

---

Please use the scale of 1 - 5 to rate your responses to the following:
<u>5</u>=Very Strongly <u>4</u>=Strongly <u>3</u>=Average <u>2</u>=Somewhat <u>1</u>=Not at all

To what extent did our child care center influence your decision to make the changes you indicated above? 5 4 3 2 1 no change

To what extent did our child care center influence your decision to (circle one): begin employment; return to employment; remain employed at the Hospital ? 5 4 3 2 1 no change

Please use the scale of 1 - 5 to rate the following:
5=Very High 4=High 3=Average 2=Needs Improvement 1=Poor

Please rate the overall quality of the program 5 4 3 2 1

Please rate these individual program components:

Consistency of care-giving (reliability) 5 4 3 2 1

Accessability of the Center to your worksite 5 4 3 2 1

Availability of child care services when needed 5 4 3 2 1

Parent-Staff communication 5 4 3 2 1

Daily program activities 5 4 3 2 1

Quality of nutritional program (lunch & snacks) 5 4 3 2 1

Appearance of the environment (space & equipment) 5 4 3 2 1

Cleanliness of the environment 5 4 3 2 1

Comments:_____

_____

Please indicate the extent (if any) to which you would utilize any of the following services, were they to be offered:

Evening shift care, Monday - Friday(Circle # of eves.per wk.) 5 4 3 2 1

More than 10 evenings/month(how many?) ____
Fewer than 10 evenings/month (how many?) ____ Never____

Indicate how many times per month you would utilize weekend care:
____would not use ____Saturday (days) ____Sunday (days) ____Both(days)

____Saturday (eve.'til 11:30) ____Sunday (eve!til 11:30) ____Both (eves.)

If hours were extended beyond 5:45 p.m., but not for the entirety of the second shift, until what hour would you use the service? (Circle)

I would continue to leave by 5:45. 7:00p.m. 8:00p.m. 9:00p.m. 10:00pm.

Number of nights per week:____ Number of weekends____ Sat. Sun.

Comments:_____
In your own words, please feel free to further evaluate, make suggestions, or to request services not mentioned here:_____

_____
Optional Signature:

APPENDIX B

PARENT REMINDER TO RETURN QUESTIONNAIRE

PARENTS!!!!!!!!!

PLEASE, PLEASE, PLEASE PLEASE, PLEASE, PLEASE

RETURN YOUR ASSESSMENT QUESTIONNAIRE

YOUR OPINION IS IMPORTANT TO US.

YOUR INPUT IS VALUABLE TO US !!!

Please help us in assessing our performance, and in making operational decisions for the future. Please return the Assessment Questionnaire.

A SPECIAL THANKS TO THOSE WHO HAVE ALREADY RETURNED THE QUESTIONNAIRE!